

West Rockhill - Sellersville
Joint Recreation Commission
140 East Church Street
Sellersville, PA 18960
Phone: (215) 257-5075



Holiday House Recreation Center
801 Washington Ave.
Sellersville, PA 18960
Seasonal Phone: (215) 257-5793

HOLIDAY HOUSE POOL
Day Camp APPLICATION
(Up to 30 Children)

Name: _____

Address: _____

E-Mail Address: _____ Phone: _____

Name of Day Camp: _____

Day(s) of Week Desired: _____ Hours: _____

Maximum Number of Children Expected On Any Given Day: _____

Fees:

Resident (Sellersville Borough/West Rockhill Township) Day Camps:	\$7.00/Child
Non-Resident Day Camps:	\$9.00/Child

Note: Adults must accompany the group in sufficient numbers to comply with all Pennsylvania regulations regarding mandatory child to adult ratios as they apply to your specific organization.

Day Camp Representative

Date: _____

*WAIVER ON BACK OF APPLICATION MUST ALSO BE SIGNED

HOLIDAY HOUSE POOL

Pool Use Waiver Form 2025

I acknowledge that I have read this waiver of liability and fully understand these terms. I agree to accept the risk of any pool use and further agree to not hold Holiday House Pool employees, Sellersville Borough, West Rockhill Township and its employees, or any instructors conducting classes in which I have enrolled, liable for any and all claims, suits, losses or related cause of action for personal injuries or damages that may arise out of my participation. I also agree to pay for any and all damages caused to the facility by me or my actions. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in swimming and water activities. I represent and warrant that I am physically fit and I have no medical condition that would interfere with my safety and/or the safety of others. I understand that I am responsible for monitoring my own condition throughout swimming and water activities and should any unusual symptoms occur, I will cease my participation and notify the instructor or lifeguard of the symptoms.

In consideration for being permitted access to Holiday House Pool, the undersigned agrees on behalf of themselves, their family members and any minors under their supervision:

- 1. To make use of Holiday House Pool with full knowledge that such use could result in potential injury or personal property damage.*
- 2. To assume all risks and responsibilities associated with any injuries or personal property damage suffered in conjunction with use at Holiday House Pool.*
- 3. To indemnify and hold harmless Holiday House Pool.*
- 4. That Sellersville Borough staff, West Rockhill Township staff, and Holiday House staff have the right to enforce rules of conduct and may remove guests from the premises for failure to comply with these rules. Guests are not entitled to receive a refund after such removal.*

By affixing my signature here, I certify that I am acting as head of household in agreeing to this liability waiver on behalf of myself, family members and minors under my supervision.

PLEASE WRITE LEGIBLY

Print Name: _____ Phone: _____

Signature: _____ Date: ____ / ____ / 2025